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2020 JUL -2 PM 6:28

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AUG 14 2020

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Pascone's Ristorante, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert E Stanley

Name of Person

Pascone's Ristorante

Firm/Company

8106 Dukes Wood Ct

Address

University Park, FL 34201

City/State and Zip Code

Bob@Pascones.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Stanley

941 726-4242
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2020 JUL -2 PM 6:00

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

University Park, FL 34201

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 26, 2020

Judith A. Slane
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Judith A Stanley

Typed or printed name of signee

Filing Fee: \$25.00